

ISF042
C 8/31/98
R 11/02



INTEGRATED STATEWIDE INFORMATION SYSTEMS AGENCY LIAISON CHANGE FORM

ORGANIZATION NAME: _____ **DEPT. NO:** _____

The ISIS Agency Liaison will be responsible for:

- C acting as agency approver for official ISIS documents;
- C having in place a structured distribution method by which information from OIS may be reproduced as necessary and distributed to all affected parties within the agency;
- C ensuring that all documents and communications are copied and/or distributed to the appropriate agency staff in a timely and effective manner;
- C informing the OIS Training/Documentation/Help Desk (TDH) Unit immediately via the Agency Contact Information form of any delegation of document distribution, training coordination or security administration responsibilities.

ISIS AGENCY LIAISON INFORMATION: Effective Date: _____

Name: _____

Title: _____

Signature: _____

Mailing Address: _____

Messenger Mail: _____

_____ Yes _____ No

E-mail Address: _____ Home Agency No: _____

Telephone Number: _____ FAX: _____

AGENCY(S) RESPONSIBLE FOR:

AGENCY NUMBER	AGENCY NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Appointing Authority

Signature: _____ **Date:** _____

For information concerning submission of completed forms: <http://www.doa.state.la.us/OSIS/Forms/submission.htm>